

010504
17707
U.S. PTOPlease type a plus sign (+) inside this box →

PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 6550-000061/COB

First Inventor Hayder Radha

Title TRANSCALING: A VIDEO CODING AND MULTICASTING FRAMEWORK FOR WIRELESS IP MULTIMEDIA SERVICES

Express Mail Label No. EV 406 075 714 US - January 5, 2004

S P T O
1 1 0 7 5 - 3 7 3
9270

010504

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 25] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the Invention <input checked="" type="checkbox"/>	b. Specification Sequence Listing on:
- Cross References to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 14]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Pages 1]	10. <input type="checkbox"/> 37 C.F.R.§3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

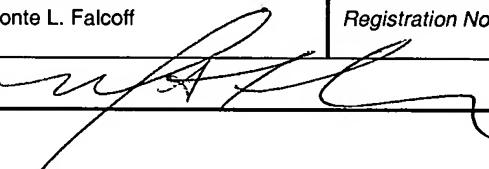
Continuation Divisional Continuation-in-part (CIP) of prior application No: PCT / US02/21102
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **27572** or Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Harness, Dickey & Pierce, P.L.C.				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600		Fax 248-641-0270

Name (Print/Type)	Monte L. Falcoff	Registration No. (Attorney/Agent)	37,617
Signature			Date January 5, 2004

EV 406 075 714 US

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 626)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Hayder Radha
Examiner Name	
Art Unit	
Attorney Docket No.	6550-000061/COB

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
Order
 Deposit Account:

Deposit Account Number	08-0750
Deposit Account Name	Harness, Dickey & Pierce, P.L.C.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)			(\$ 385)

2. EXTRA CLAIM FEES

Total Claims	42	-20 **	= 22	Extra Claims	Fee from below	Fee Paid
Independent Claims	4	-3 **	= 1	X 43	= 43	
Multiple Dependent				X 0	= 0	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$ 241)

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

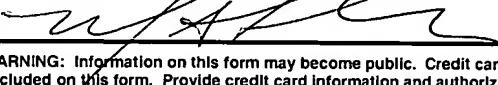
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Monte L. Falcoff	Registration No. Attorney/Agent)	37,617	Telephone	(248) 641-1600
Signature				Date	January 5, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.